

# Colposcopy Episode

## Executive Summary

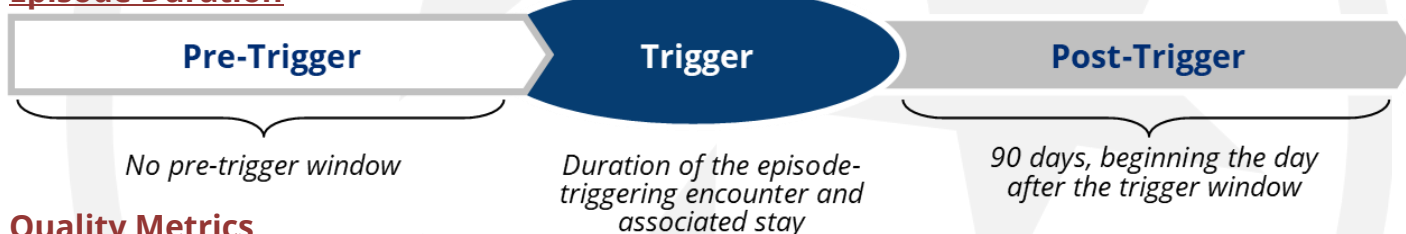
### Episode Design

- **Trigger:** colposcopy procedure
- **Quarterback type:** professional (provider who performs the procedure)
- **Care included:** all colposcopy-related care including anesthesia, imaging and testing, medications, pathology, surgical and medical procedures

### Sources of Value

- Appropriate use and timing of Pap test
- Appropriate use and timing of HPV test
- Appropriate referral to colposcopy
- Appropriate use of biopsy
- Appropriate selection of biopsy type
- Appropriate care setting
- Appropriate use of pathology and testing
- Appropriate choice of anesthesia
- Appropriate choice of excision type
- Appropriate use of medications
- Appropriate referral to excision procedure
- Timeliness of communication of results and appropriate referral
- Reduction in complications
- Appropriate use of repeat procedures

### Episode Duration



### Quality Metrics

#### Tied to Gain-Sharing

- LEEP utilization under 26 years old with no evidence of high grade dysplasia (lower rate is better)
- LEEP utilization with low-grade dysplasia (lower rate is better)

#### Informational Only

- Cervical cancer screening
- Diagnostic colposcopy
- LEEP utilization, trigger
- LEEP utilization, episode
- Difference in average morphine equivalent dose per day
- Average morphine equivalent dose per day during pre-trigger opioid window
- Average morphine equivalent dose per day during post-trigger opioid window
- Opioid and benzodiazepine prescriptions

### Making Fair Comparisons

#### Exclusions

- Business exclusions: inconsistent enrollment, third-party liability, dual eligibility, FQHC/RHC, no PAP ID, incomplete episodes, overlapping episodes
- Clinical exclusions: different care pathway (e.g., cervical cancer, hysterectomy, pregnancy, DCS custody)
- Patient exclusions: age (less than 13 or greater than 64 years old), death, left against medical advice
- High-cost outlier: episodes with risk-adjusted spend greater than three standard deviations above the average risk-adjusted episode spend for valid episodes are excluded.

**Risk adjustment** is used to ensure appropriate comparisons between patients.

**To learn more about the episode's design**, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at <https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html>.